Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE OF | | | OTHER THAN | |
|--|--|---|--------------|-------------------------------------|--------------|------------------|------------|----------------------|------------------------|------|----------------------------|------------------------|
| TOTAL CLAIMS | | | 27 | | | | | RATE | FEE | 7 | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FE | 385.00 | OR | BASIC FEE | |
| TOTAL CHARGEABLE CLAIMS | | | 27 minus 20= | | · 7 | | | X\$ 9= | | OR | X\$18= | 126 |
| IN | DEPENDENT C | LAIMS | 2 in | inus 3 = | • | | | X43= | · | OR | X86= | |
| ML | JLTIPLE DEPE | NDENT CLAIM P | RESENT | | | | | +145= | | OR | +290= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | column 2 | | TOTAL | <u> </u> | OR | TOTAL | 896 |
| 3 | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | SMALL ENTITY OR | | | OTHER THAN SMALL ENTITY | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHI NUME PREVIO PAID F | BER | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | · 26 | Minus | -0 | | = | | X\$ 9= | | OR | X\$18= | j |
| | Independent | NTATION OF MI | Minus | *** | <u>3</u> | = | | X43= | | OR | ×86= | 300 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | , [| +145= | | OR | +290= | |
| | | | | | | | L | TOTAL DDIT. FEE | | OR | TOTAL ADDIT, FEE | |
| | · | (Column 1) | | (Colum | | (Column 3) | | | | | | |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | | - HIGHE NUMB PREVIO PAID F | ER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | • | | | X\$ 9= | | OR | X\$18= | |
| | Independent | NTATION OF MU | Minus | *** | <u> </u> | <u> </u> | | X43= | · | OR | X86= | |
| <u>.</u> : | FINOT PRESE | NIATION OF MIL | LIPLE DEP | ENDENT | CLAIM | · [_] | ' | +145= | | OR | +290= | |
| | | | | | | | | TOTAL DOIT, FEE | • | OR , | TOTAL ODIT. FEE | |
| | • | (Column 1) | · . | (Colum | | (Cölumn 3) | | | • • | • | | • |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | • | NUMB PREVIOL PAID F | ER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus | ** ' | | 2 | | X\$ 9= | | OR | X\$18= | |
| | Independent | | Minus | ENDENE. | C1 A114 | | | X43= | · | OR | X86= | |
| انــ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | OR | +290= | • |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **Total ADDIT. FEE **Total OR H290= **TOTAL ADDIT. FEE **Total OR ADDIT | | | | | | | | | | | | |
| | | • | | | ,,- | | | | | | • | |